

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU, QUALITY ASSURANCE DIVISION**

CHART REVIEW FY 15/16
ANCILLARY FOLDER CHECKLIST

Provider Number: _____ Provider Name: _____

Client ID: _____ Client Name: _____

Check-Off	Item	Detail/Notes	Purpose
	Client Name and ID#	Each folder should be clearly labeled with the client name and ID	For easy identification
	Contact Person(s)	Provide the name, position/title, phone number, and email address for the person to contact DURING the review. This person should be someone who can be reached during the entire chart review.	Should any questions arise regarding the client chart, we may need to contact someone
	Chart Order	Provide a list of the order of the documents in the record provided	Facilitates the retrieval of documents
	Medicare/OHC EOB	EOB for all Medi-Medi/OHC beneficiaries who received services during the audit period.	To ensure Medi-Cal is the payor of last resort
	Voided Claims	Print screen shots of claim screens for all voided claims during the audit period. <i>(Note: Upon receipt of the list of client records for audit discontinue voiding claims for services that occurred during the audit period.)</i>	Providing this information will document that a claim (identified for possible disallowance) was previously voided.
	Staff Information Sheet	A list of staff names and their signatures (only if paper records) for all staff whose names appear in the record during the audit period	Providing this information assists the reviewers in identifying staff names from a signature
	Staff Category Verification	License/registration/waiver for staff (as applicable) whose claimed services during the audit period; non licensed/registered/ waived staff provide resume, or diploma and resume, to document experience	Required for chart review to verify staff credentials
	DTI/DR Program Documentation	Day Treatment/Day Rehab Providers must include: Service activities and components (the therapeutic milieu, meetings, groups, psychotherapy, etc.); a description of each activity/component; and a detailed weekly schedule.	Required for chart review